PT0/58/05 (12-04)
Approved for use through 7/31/2006 OMB 0659-0032
U.S. Petert and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD											a & displays a valid CMB control numb				
Substitute for Form PTO-815 Effective December 8, 2004												Application or Doctal Number			
	APP	(Column I)			PAR	T   (Catumn 2)		SMALL ENTITY			· •	OR	OTHER THAN SMALL ENTITY		THAN ENTITY
50	NUMBER FLED				UNBER EATRA		RATE	(t)	FEE	<u></u>		RATE	<u>a.</u>	672.5	
BASIC FEE (37 CFR 1 18(0), (b), as (c))		NA			NIA			NVA		150.			NIA	ш	300.00
SEARCH FEE (37 CFR 1 16(4, (4, or (m))		. NA			N/A .		$\neg$	NA \$25		0.		NIA		\$500	
EXAMINATION FEE (37 CFR 1 18(4, (9), or (4))		. NA			PEFA			N/A	7	\$10	_		N/A		\$200
TOTAL CLAIMS (37 OFR 1 16(d)		23 minus 20.					-	X\$ 25 .			-		X\$50		7200
INDEPENDENT CLAIMS (37 OFR 1 16(N))		4 (1)			• .		71	X100	+		$\dashv$	OR	X200		
		If the &	pedifical	lion and d	rawing	s exceed 10	<del>,</del>		┵				~~~		<u> </u>
APPLICATION FEE (3) OFR 1 16(4)	sheets of paper, the applies \$250 (\$125 for small electrical so sheets or from 35 U.S.C. 41(a)(1)(3) and			intity) for each radion thereof. See				ľ							
MULTIPLE DEPENDENT CLASH PRESENT (37 CFR i 160))							77	+180=	7		7	1	+360+	7	
if the difference in column 1 is less than zero, enter V in column 2.								TOTAL	十		7	L		+	
	PPLICATI			•				·	_				TOTAL	L	<u> </u>
		0.17.3	WWEIA	UEU - P	ART I	<b>!</b> (									
13/	(Colu	AIMS	<del></del>	(Cota	mn 2)	(Column 3)	) 	. SMAL	L ENT	ΠTY	_ `	)R 	OŢH SMAL	ER T LEN	HAN ITITY
Total area Lana Application.	REM AF AMEN	AINING TER DMENT	<u> </u>	NUM PREVIO PAID	BER USLY	PRESENT EXTRA		RATE (S)	1	ADDI- TONAL EEE (\$)			RATE (S)	ADOI- TIONAL	
GI CFR (, NG)	0	20	Minus	" 2	3		TX	\$ 25 .	T	1	OR	lx	\$50	+	FEE (1)
independent (27 67 R. L. IRI)		3	Minus	"4		•	IX	100 .	1	1		1	200	1-	<del>/</del>
Application.Size Fee (37 CFR 1.16(s))										士	<b>1</b> ~	-		1.	<del>/</del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM. (D7 CFR 1,18(J)							] [•	180=		$\mathcal{T}^-$	OR	1	360-	17	
500.								TAL OL FEE			OR		OTAL D'L FEE	Ħ	
	(Colum			(Colum		(Column 3)			_		,			1	
	REMAIN AFTE AMENDA	R		NUMBE PREVIOU: PAID FO	R	PRESENT EXTRA	R	ATE (S)	nc	DDI- NAL E (\$)		5	IATE (S)	T	ADDI- IONAL
Total pr cra 1, 18(0)	22		Minus	"23	1	0	.Xs	25 .		19/		XS	50		EE (B)
Independent (IF OFR LIRAD	3	- 1		- 4	1	•	<u> </u>	00			OR		00.	<b>-</b>	
Application Size Fee (37 CFR 1.16(e))											OR ·	72	-		
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (DT CFR 1.16())								80=			OR	+3	60=		
							TOTA ADD	L FEE			OR	TOT.	AL L FEE	•	
if the entry in co if the "Highest A if the "Highest N The "Highest No	umber Previ	outly Pal	d for in	THIS SPA	Œbk	185 than 20, en		<b>i</b> .					· (	•	

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confideration is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments an the amount of time you require to complete this form and/or suggestions for raducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alaxandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS UDDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.